

**PLEASE CIRCLE ANY OF THE FOLLOWING MEDICAL CONDITIONS THAT YOU CURRENTLY HAVE**

Anxiety  
Arthritis  
Asthma  
Arterial Fibrillation  
BHP  
Bone Marrow Transplant  
Breast Cancer  
Colon Cancer  
COPD  
Coronary Artery Disease  
Depression  
Diabetes  
End Stage Renal Disease  
GERD  
Hearing Loss

Hepatitis  
Hypertension  
HIV / AIDS  
Hypercholesterolemia  
Hyperthyroidism  
Hypothyroidism  
Leukemia  
Lung Cancer  
Lymphoma  
Prostate Cancer  
Radiation Treatment  
Seizures  
Stroke  
Other \_\_\_\_\_  
None

Increase Heartbeat with Epi  
Allergy To Lidocaine  
Pregnant or Planning Pregnancy  
Blood Thinners  
Pacemaker  
Defibrillator  
Artificial Joints (in the last 2 years)  
Artificial Heart Valve  
Premedication Before Procedures  
Allergy to Adhesives  
Yeast Infection w/ Antibiotics  
Upset Stomach w/ Antibiotics

**INTEGUMENTARY**

Acne  
Actinic Keratoses  
Basal Cell Carcinoma  
Blistering Sunburns  
Changing Mole  
Dry Skin  
Eczema  
Flaking or Itchy Scalp  
Hay Fever/Allergies  
Melanoma  
Poison Ivy  
Precancerous Moles  
Psoriasis  
Squamous Cell Carcinoma  
Family History of Melanoma  
if yes,  
whom \_\_\_\_\_

**NEUROPSYCHIATRIC**

Depression  
Seizures  
Sore Throat  
Headaches  
Blurry Vision

**HEMATOLOGY**

Problems with Bleeding,  
Healing or Scarring  
A Reaction or Allergies to Local  
Anesthetics  
Have you been tested for AIDS,  
results \_\_\_\_\_  
Have you been tested for Hepatitis,  
results \_\_\_\_\_

**CARDIO-RESPIRATORY**

History of TB or Exposure to TB  
Chest Pain  
Shortness of Breath  
High Blood Pressure  
Heart Attacks  
Asthma  
Wheezing  
Night Sweats  
Varicose Veins  
Unintentional Weight Loss  
Cough

**ENDOCRINE**

Diabetes  
Fever or Chills  
Immunosuppression  
Sensitivity to Cold  
Thyroid Disease

**NEUROMUSCULAR**

Pain  
Weakness in Muscles  
Arthritis  
Neck Stiffness

**GASTRO-INTESTIONAL**

Abdominal Pain  
Gallbladder  
Bloody Stool  
Bloody Urine